

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8127

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>5309</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Boonville Twsp.</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		0270	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>				d. STREET ADDRESS (If rural, give location) <u>R. F. D. #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Watts</u> c. (Last) <u>Hickam</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>March 17 1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Married</u>		8. DATE OF BIRTH <u>December 4" 1885</u>	
9. AGE (In years last birthday) <u>64</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (State or foreign country) <u>Cooper County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (State or foreign country) <u>Cooper County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>James Hickam</u>		13b. MOTHER'S MAIDEN NAME <u>Belle Powell</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Jermie Hamlin Hickam</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jermie Hickam, Boonville, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>11 2 1</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>3/17</u> , 19 <u>50</u> , to <u>3/17</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3/16</u> , 19 <u>50</u> , and that death occurred at <u>6 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. L. DeKraeger M.D.</u>				23b. ADDRESS <u>Boonville Mo</u>		23c. DATE SIGNED <u>3/21/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 19" 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Boonville, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Mar 20 1950</u>		REGISTRAR'S SIGNATURE <u>D. Hooper</u> 381		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodman & Boller, Boonville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAR 27
District Health Officer No. 8;

District File Number.....

Date Filed 4-6-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Walter E. Moyer

Licensed Embalmer No. 4490

P. O. Address Boonville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.